

## JUSTIFICATION FOR USE OF B9998 MISCELLANEOUS ENTERAL NUTRITION PROCEDURE CODE AND LIMITATION EXTENSION REQUEST

Fax this form along with your Manufacturer's Wholesale Invoice and Physician's Prescription to obtain authorization prior to submitting your claim.

Fax to:

Attn: Enteral Nutrition Program (360) 725-1967

CLIENT NAME:	
CLIENT PIC NUMBER:	
CLIENT DIAGNOSIS:	
PROVIDER NAME:	
PROVIDER NUMBER:	
DATE OF SERVICE:	
MEDICAL NECESSITY: (Please give specifics)	
ITEM REQUESTED:	
QUANTITY REQUESTED:	
REQUESTED HCPCS COD	DE:
REMARKS:	